

Department of Human Services Privacy
Medicaid Notice

Please note that this notice does not affect your eligibility or benefits or your existing rights to view information in your case record.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Thank you.

Our Privacy Commitment

We care about your privacy. The information we collect about you is private. Only people who have both the need and the legal right may see your information.

Only with your written permission will we release your medical information. However, we do not need your permission for the following purposes:

- ◆ **Treatment.** To coordinate your health care. For example, we may notify your doctor about care you get in an emergency room.
- ◆ **Payment.** To bill and pay for services that you receive. For example, we may ask an emergency room for details before we pay the bill for your care.

- ◆ **Business Operations.** For medical review, legal services, and auditing including fraud and abuse detection. For example, the managed care program may use information to review the quality of care you get.
- ◆ **Abuse Reporting.** To report child or dependent adult abuse to proper authorities.
- ◆ **Law Enforcement.** To report crimes on our premises or in relation to the Medicaid program.
- ◆ **Health Oversight.** To monitor, investigate, discipline, or license those who work in the health care system.
- ◆ **Judicial and Administrative Proceedings.** In response to a court order or subpoena.
- ◆ **Public Health.** To help public health authorities prevent or control disease, injury, or disability.
- ◆ **Serious Threat to Health or Safety.** If we believe, in good faith, that it is necessary to prevent or minimize a serious threat to your or others’ health or safety.
- ◆ **Specialized Government Functions.** For eligibility and benefits determination by the Social Security Administration.

- ◆ **As Required by Law.** We will release information when we are required by law to do so.

If you give us your written permission to use or share your information for the purposes listed above and decide to cancel it, you must notify us in writing.

We cannot take back any uses or disclosures already made with your permission.

Your Rights to Privacy

Your rights to privacy regarding certain health information that we have about you are important. You have the following rights:

- ◆ **Notice of Privacy Practice.** This pamphlet is your written notice of the Department’s policies and procedures on protected health information.
- ◆ **Inspect and Copy.** You have the right to look at or get copies of your records unless other laws say you can’t. You may be charged a fee for the cost of copying your records.
- ◆ **Change Information.** You may ask us to change your health records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

- ◆ **List of Disclosures.** You have the right to ask for a list of the times (after April 14, 2003) when we released your protected health information without your written permission.

This list will not include times when information was released for purposes of your medical treatment, payment for your health care, or our business operations.

- ◆ **Request Restrictions on Our Use or Disclosure of Information.** You can ask us to limit how your information is used or disclosed. We may not be able to agree to all your requests.
- ◆ **Request Confidential Communications.** You have the right to ask that we share information with you in a certain manner or at a certain place.

For example, you may ask us to send information to your work address instead of your home address.

Your requests must be made in writing to the address on the back page.

Our Responsibilities

Federal law places certain requirements on the Department with respect to your protected health information:

- ◆ **Inform About Legal Duties.** We will provide you with a notice of the Department’s legal duties and our policies regarding the use and disclosure of your protected health information.
- ◆ **Maintain Privacy.** We will maintain the privacy of your protected health information in accordance with state and federal law.
- ◆ **Abide by the Notice.** We will abide by the terms of this privacy notice.

Copies of this Notice

You have the right to receive an additional copy of this notice at any time. Please call or write to us to request a copy.

Esta Nota de Prácticas de Intimididad está disponible en el español del Oficina de la Intimididad indicado en este folleto.

English Translation:

This Notice of Privacy Practices is available in Spanish from the Privacy Office indicated in this brochure.

Changes to this Notice

We may update this notice as necessary. A revised notice will apply to your past, current, and future health information. If the changes affect your rights and responsibilities, we will provide a new notice to you before the change takes effect.

How to Use Your Rights Under this Notice

If you want to use your rights described in this notice, you may call or write to the DHS Privacy Office listed below. The Privacy Office or your local DHS office has forms that you can use. Your request to us must be in writing. If you wish, we will help you prepare your written request.

- ◆ **Communications to Us.** Contact us at the address or phone number below if you want to:
 - Communicate with us about privacy issues, or
 - Exercise your rights under this notice, or
 - File a complaint about how the Department has handled your health information.

DHS Privacy Office
Iowa Department of Human Services
1305 E Walnut St, 1st Fl
Des Moines, IA 50319-0114
Phone: 1-800-803-6591

- ◆ **Special Accommodations Requests.** For visual, hearing or language accommodations please contact:

Diversity Programs Unit
Iowa Department of Human Services
1305 E Walnut St, 1st Fl
Des Moines, IA 50319-0114
Phone: 1-515-281-3095
 - ◆ **Complaints to the Federal Government.** If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may contact:

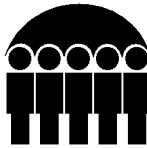
Region VII, Office for Civil Rights
U.S. Department of Health and Human Services
601 E 12th St – Rm 248
Kansas City, MO 64106
Voice Phone: 1-816-426-7278
FAX: 1-816-426-3686
TTD: 1-816-426-7065
- You will not be penalized for filing a complaint.**

Policy on Nondiscrimination

No person shall be discriminated against because of race, color, national origin, sex, age, mental or physical disability, creed, religion, or political belief when applying for employment or when applying for or receiving benefits or services from the Iowa Department of Human Services, or any of its vendors, Purchase of Service providers, or contractors.

Comm. 209 (4/03)

Iowa Department of Human Services



**Iowans Working Together...
Doing What Works**

**Information
About Your
Privacy Rights**

For Medicaid

Effective April 14, 2003

NO ACTION REQUIRED:
This notice is informational only.